

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571861

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4			1			
5						
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7		6				
8		6				
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49						
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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CLAIMS

AS FILED
AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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